

Applicant Assessment Worksheet

(use additional sheets, if necessary)

Name _____

DOB _____

SSN _____

Marital Status

☐ Single

☐ Married

☐ Separated

☐ Divorced

☐ Widowed

PHYSICAL DESCRIPTION

Height _____ Weight _____

Clothing, hygiene, grooming

Glasses? ☐ Yes ☐ No

Speech problems?

Abnormal mouth movements?

Hand/Leg tremors?

Slowness/quickness in movement?

Agitation?

Attitude/Behavior?

PERSONAL HISTORY

(Place of birth, siblings, parent(s)/guardian/person who raised individual, anyone else who lived with the family, description of childhood and growing up, discipline)

EDUCATIONAL HISTORY

(Last year completed, any difficulties in school (learning or social), any repeated grades, favorite/least favorite subjects)

EMPLOYMENT HISTORY

(Thorough, chronological history of employment dates, employers, types of work/tasks completed, job atmosphere, relationships with co-workers, reasons for/circumstances of leaving each position)

MILITARY SERVICE HISTORY

(Was the individual ever in the military? Which service? How long? Where stationed? What did he or she do? What was the outcome: honorable/dishonorable discharge? If dishonorable, why?)

MARITAL/INTIMATE RELATIONSHIPS

(Current relationships, past relationships, children, outcomes)

LEGAL HISTORY

(Current legal status, history of past arrests, charges, outcomes)

HOMELESSNESS HISTORY/PRIOR LIVING SITUATIONS/CURRENT LIVING SITUATION

PHYSICAL HEALTH

(Current and past health problems, treatment, medications, surgery, accidents, brain damage/injury)

Surgery

Hospitalization

Head Injury

Other Accidents/Injuries

PSYCHIATRIC HISTORY

(Initial symptoms, ongoing symptoms, inpatient treatment, outpatient treatment, day hospital/day programs, emergency room visits, past and current treatment)

CURRENT SYMPTOMS/DIFFICULTIES

Orientation

Ask the person the place, year, month, date, day of the week.

Psychomotor Activity

Does the individual have difficulty sitting still? Does he or she seem agitated? Is the person noticeably slow in activity? Describe.

Mood

How do you sleep at night? If you don't sleep well, what happens?

Have you noticed a changed (increase or decrease) in appetite? If the individual doesn't eat, is it because of access to food or appetite changes?

Rate the individual's mood most of the time from very sad (1) to very happy (10).

Does your mood change a lot? Do you have suicidal thoughts? Homicidal thoughts?

Obsessions/Compulsions

Do you notice that there are certain things you must do the exact same way each time you do them?
For example, organizing your clothes or washing your hands?

Do you worry about the same thing(s) over and over?

Do you have things you are afraid of? Do you think about those things happening a lot?

Manic/Bipolar Symptoms

Do you ever feel that your thoughts are moving too quickly? Too slowly?

Have you ever experienced a spending spree that you can't afford?

Do you ever stay up for long periods of time with no sleep and feel very energetic and productive?

Have you ever felt very powerful or in a high-level position even though other people might not have seen you that way?

Psychotic Symptoms

Sometimes people notice that they hear voices or noises that other people say they don't hear. Does this happen to you? What do you notice?

Sometimes people also see things that other people say they don't see. Does this ever happen to you? What do you see?

Do you sometimes feel that you aren't yourself? Or that you are another person?

Other Symptoms/Information

Do you feel, in general, that other people want to hurt you or that they want to help you? Why?

Do you ever notice yourself feeling very nervous with shaking hands, racing heart, sweaty palms, and a general unsettled feeling? When does this happen?

When someone makes you very angry, what do you do? How do you handle that?

FINAL COMMENTS/OBSERVATIONS

Interviewer _____

Date _____